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DIT/REGISTRATION 0 0 AUG 2002

PCT 1642

AMENDMENT TRANSMITTAL LETTER		DOCKET NUMBER: P-LJ 5137	
U.S. SERIAL NO: 10/030,497 (2174)	U.S. FILING DATE: June 27, 2002	INTERNATIONAL FILING DATE: July 7, 2000	INTERNATIONAL APPLICATION NUMBER: PCT/US00/18758
INVENTION: A METHOD FOR DETERMINING THE PROGNOSIS OF CANCER PATIENTS BY MEASURING LEVELS OF BAG EXPRESSION			

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on August 1, 2002.

By: John T. Murphy, Reg. No. 50,583
August 1, 2002
Date of Signature

RECEIVED

AUG 16 2002

TECH CENTER 1600/2900

Transmitted herewith is a Supplemental Amendment with Exhibit A attached and an Information Disclosure Statement with Form PTO 1449 and 30 references attached in the above-identified application.

- ___ Small Entity status of this application has been established under 37 CFR 1.27.
- ___ Petition for Extension of Time is enclosed (in duplicate).
- ___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- ___ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	38	-	38	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPEN- DENT CLAIMS	3	-	3	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			___ YES		___ X ___ NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventor: John C. Reed
U.S. Application No.: 10/030,497
U.S. Filing Date: June 27, 2002
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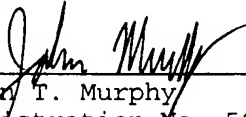
___ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

___ A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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